



RVT-2 Replacement Vehicle Tax Claim for Credit

Read this information first

An insurance company must file this form when claiming a credit for taxes previously paid on Form RVT-7, Replacement Vehicle Tax Return. You generally have three years from the date you paid the tax to file this claim.

If you are filing this claim for more than one vehicle, please attach a list containing all of the information requested in Step 2 for each vehicle.

You may attach any supporting documents that may be helpful in processing your claim.

If you have questions, please write us or call our Springfield office weekdays between 8 a.m. and 5 p.m. Our address and telephone numbers are below.

REPLACEMENT VEHICLE TAX UNIT
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19011
SPRINGFIELD IL 62794-9011

1 800 732-8866

217 782-3336

1 800 544-5304 TDD (telecommunications device for the deaf)

Step 1: Identify the insurance company claiming the credit

1 Name _____

3 FEIN _____
Federal employer identification number

2 Address _____
Street address

4 Name of contact person _____

City _____ State _____ ZIP _____

5 Daytime telephone number _____

Step 2: Tell us about the insured and the insured's vehicle

1 Insured's name _____

4 Vehicle year ____ _

2 Insurance claim number _____

5 Vehicle make and model _____

3 VIN _____
Vehicle identification number

Step 3: Tell us about the credit you are claiming

1 Amount of credit claimed \$ _____

2 Date you paid the tax _____
Month Day Year

3 Amount of tax you paid \$ _____
Attach a copy of your cancelled check.

4 What amount, if any, of the tax reported on Line 3 did you pay under protest? \$ _____

5 Are you a party to a civil suit involving the amount on Line 4? ☐ yes ☐ no
If "yes," write the name of the suit. _____

6 Check the reason for which you are filing this claim. Attach additional sheets if necessary.

- ☐ cash settlement paid directly to insured
☐ vehicle does not qualify as a passenger car as defined in the Illinois Vehicle Code
☐ payment exceeded amount of tax due
☐ other (please explain) _____

Step 4: Sign below

Under penalties of perjury, I state that I have examined this claim and, to the best of my knowledge, it is true, correct, and complete. I also state that the information is taken from the books and records of the business for which this claim is filed.

Signature of insurance company representative

Title of insurance company representative

Date

